

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90086 005 \*\*\*\*61.25

40054672



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0092356 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # N28691

1. Entity Name  
SOUTHPARK WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
5410 PARK ROAD #4-A  
FT MYERS, FL 33908 US

Mailing Address  
5410 PARK ROAD #4-A  
FT MYERS, FL 33908 US

2. Principal Place of Business - No P.O. Box #  
5410 Park Rd.

3. Mailing Address  
5410 Park Rd.

Suite, Apt. #, etc.  
Bx #5

Suite, Apt. #, etc.  
Bx #5

City & State  
FT. MYERS FL.

City & State  
FT. MYERS FL.

Zip 33908 Country USA

Zip 33908 Country US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, DIANA D  
5410 PARK RD. #4-A  
FT MYERS, FL 33908

Name James Hord  
Street Address (P.O. Box Number is Not Acceptable)  
5390 Park Rd. #3  
City FT. MYERS FL Zip Code 33908

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Hord V James Hord V 4-2-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning.) DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	WENGER, KRISTIN A	
STREET ADDRESS	5390 PARK RD. # 1-B	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	V	<input type="checkbox"/> Delete
NAME	HORD, JAMES	
STREET ADDRESS	5390 PARK ROAD # 3-B	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	REYES, DIANA D	
STREET ADDRESS	5410 PARK ROAD #4-A	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Hord James Hord 4-2-07 239-948-0498  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date in Full